

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
COMPLET CLASSIFIER			
FORMALITY REVIEW	W.	67499	12-18-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/15/01
2	✓	✓	1/15/01
3	✓	✓	1/15/01
4	✓	✓	1/15/01
5	✓	✓	1/15/01
6	✓	✓	1/15/01
7	✓	✓	1/15/01
8	✓	✓	1/15/01
9	✓	✓	1/15/01
10	✓	✓	1/15/01
11	✓	✓	1/15/01
12	✓	✓	1/15/01
13	✓	✓	1/15/01
14	✓	✓	1/15/01
15	✓	✓	1/15/01
16	✓	✓	1/15/01
17	✓	✓	1/15/01
18	✓	✓	1/15/01
19	✓	✓	1/15/01
20	✓	✓	1/15/01
21	✓	✓	1/15/01
22	✓	✓	1/15/01
23	✓	✓	1/15/01
24	✓	✓	1/15/01
25	✓	✓	1/15/01
26	✓	✓	1/15/01
27	✓	✓	1/15/01
28	✓	✓	1/15/01
29	✓	✓	1/15/01
30	✓	✓	1/15/01
31	✓	✓	1/15/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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